990

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private to

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. V ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the 2	2018 cale	ndar year, or tax year beginning	ı J	ul 1	, 2018, a	and end	i ng Jນ	n 30	, 20 19			
В	Check if a	pplicable	C Name of organization NATIONA	L MUSIC P	UBLISHER	S ASS	OCIATI	ON, INC	D Employ	er identification numbe	r		
	Address c	hange	Doing business as						13-10	078660			
	Name cha	nge	Number and street (or P O box if m	all is not delivere	ed to street add	dress)	Room/s	suite	E Telepho	ne number			
	Initial retur	n	975 F STREET NW				375		(202)	393-6672			
	Final return	/terminated	City or town, state or province, cour	ntry, and ZIP or f	foreign postal o	ode							
	Amended	return	WASHINGTON, DC 2000)4					G Gross re	eceipts \$ 13,097,4	<u>75.</u>		
	Application	n pending	F Name and address of principal office				ام	1		subordinates? 🔲 Yes 🔀 I			
			DAVID ISRAELITE, 975				DQ 200				No		
<u></u>	Tax-exempt status ☐ 501(c)(3) 🗵 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions)												
ī	Website:		WW.NMPA.ORG			- 1			exemption				
K													
P	art I	Summ					····						
4			escribe the organization's miss						, PROTE	ECTS AND ADVAN	CES		
ĕ		THE INTERESTS OF MUSIC PUBLISHERS AND SONGWRITERS IN MATTERS RELATING TO DOMESTIC AND GLOBAL PROTECTION OF COPYRIGHTS.											
E									050/ -4				
o Ve			is box ▶☐ if the organization				isposed	or more than		its net assets.	2.0		
Ű			of voting members of the gove of independent voting membel				L line 1h	.\	3		20		
es			nber of individuals employed is					"	5		17		
Y.			nber of volunteers (estimate if	-	sai 2010 (F	zit V, III ie	c 2a)	•	6	·-			
Activities & Governance			elated business revenue from		ımn (C) line				7a				
_	1		ated business taxable income				• •		7b		0.		
_		101 011101	atou buomood taxabio moomo		700 1, 111100		• •	Prior Y		Current Year	<u></u>		
Revenue	8 0	Contribut	tions and grants (Part VIII, line	1h)									
	I		service revenue (Part VIII, line	•				15.70	6,669.	12,902,80	08.		
eve	1	_	nt income (Part VIII, column (A		and 7d)				9,538.	194,66			
Œ			venue (Part VIII, column (A), line			d 11e) .			1,753.				
			enue—add lines 8 through 11 (r						7,960.	13,097,47	75.		
			nd similar amounts paid (Part I						5,108.	224,48			
	14 E	Benefits	paid to or for members (Part I)	(, columi (A)	tine 4)								
80	15 8	Salaries, i	other compensation, employee	benefits (Part	-lx, colu <u>mn</u> ((A), lines	5–10)	4,26	9,233.	4,852,14	<u>10.</u>		
Expenses	1		onal fundraising fees (Part IX, c	1 1 7									
×pe			draisıng expenses (Part IX, col										
ш			penses (Part IX, column (A), lın			•		4,79	1,117.	3,962,92			
			penses. Add lines 13-17 (must			N), line 25	5)		5,458.	9,039,55			
_		Revenue	less expenses Subtract line 1	8 from line 1	2 .	•			2,502.	4,057,91	<u> 19.</u>		
et Assets or nd Balances			. (5.4)(1.40)					Beginning of Ci		End of Year			
Ssel	20 1		ets (Part X, line 16)				•		2,060.	21,665,60			
Net /	21 T		ulities (Part X, line 26)	01 fuers 1			•		0,946.	8,166,57			
	art II		ts or fund balances Subtract I	ine 21 from 1	ine 20	•	· · · ·	9,44	1,114.	13,499,03	33.		
			ry, I declare that I have examined this	rotura unaludina	2000000000000000	a ochodulo	e and stat	romonto and to t	ha haat of a	ny kaomindan and bolis	<u> </u>		
			ete Declaration of preparer (other than							ny knowledge and belie	1, A 15		
	Ī	<u> </u>	David Israelite					75	/15/202	20			
Sig	ın l	Sign	ature of officer-990982552036431					Da	ite				
He		י בת	VID ISRAELITE, PRESII	DENT & CE	ro.								
		_	or print name and title	DENT & CL									
		<u>,</u>	pe preparer's name	Preparer's sign	ature		- [Date	Charte I	PTIN			
Pa		ROBER	RT E. LANE		Robert E La	ua.	1	04/28/202	Check O seif-emp	X " bloyed P01622353	3		
	eparer			, CPAs	30819EDC837Z4DA				-	52-1738520			
US	e Only	1	ddress ▶ 1717 Pennsylvania A		Suite 425	Washin	aton. I			02)463-6500			
Ma	y the IRS		s this return with the preparer							🗙 Yes 🔲 I	No		
_			ction Act Notice, see the separa			· · · · · ·		EV 05/20/19 PRO		Form 990 (2			





OIIII 93		raye Z
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission.	
	NMPA PROMOTES, PROTECTS AND ADVANCES	
	THE INTERESTS OF MUSIC PUBLISHERS AND SONGWRITERS IN MATTERS	
	RELATING TO DOMESTIC AND GLOBAL PROTECTION OF COPYRIGHTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurements section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported	olliers,
	and total expenses, and totalise, in any, for each program on the reported	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$)
	LEGAL: NMPA IS ACTIVE IN PROTECTING THE COPYRIGHTS AND ADVANCING THE	
	POLICY INTERESTS OF ITS MUSIC PUBLISHER MEMBERS. AS PART OF THIS ACTIVITY,	
	NMPA ENGAGES IN LITIGATION IN FEDERAL AND STATE CASES TO SUPPORT THE	
	LEGAL GOALS OF ITS MEMBERS. IT ALSO ENGAGES IN THE NEGOTIATION OF SETTLEMENTS	
	AND, IN CERTAIN CASES, MAKES AVAILABLE MODEL INDUSTRY LICENSES TO ITS	
	MEMBERS. NMPA RUNS AN IN-HOUSE PROGRAM TO COMBAT PIRACY IN THE MUSIC INDUSTRY.	
	IT IS THE PRIMARY INTERESTED PARTY INVOLVED ON BEHALF OF MUSICAL WORK	
	COMPYRIGHT OWNERS IN STATUTORY RATE SETTING PROCEEDINGS UNDER SECTION 115	
	OF THE COPYRIGHT ACT.	·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	COMMUNICATIONS AND PUBLIC RELATIONS: THE COMMUNICATIONS AND PUBLIC	
	RELATIONS TEAM OVERSEES ALL INTERACTION WITH THE PRESS INCLUDING	
	PROMOTING NMPA OBJECTIVES AND RAISING AWARENESS ABOUT THE ISSUES FACED	
	BY THE MUSIC PUBLISHING AND SONGWRITING COMMUNITY. IT ALSO ENCOMPASSES	
	EVENTS WHICH NMPA PRESENTS FOR MEMBERS AND THE BROADER INDUSTRY.	
	COMMUNICATIONS, PR, AND EVENTS ARE USED TO EDUCATE MEMBERS, CONSUMERS, LAWMAKERS, AND MUSIC CREATORS ABOUT THE IMPORTANCE OF PROTECTING COPYRIGHTS	
	AND NMPA'S ROLE IN DOING SO.	
	The Milit o Roll IN Bollio Co.	
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
	GOVERNMENT AFFAIRS: NMPA FREQUENTLY ENGAGES WITH THE COPYRIGHT OFFICE,	
	DEPARTMENT OF JUSTICE, AND OTHER CONGRESSIONAL AND ADMINISTRATIVE OFFICES	
	IN SUPPORT OF THE INTERESTS OF PUBLISHERS AND SONGWRITERS.	
4d	Other program services (Describe in Schedule O.)	
→ u	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶	



 $\left\langle \begin{array}{c} \\ \\ \\ \end{array} \right\rangle$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		_×_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_×_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	E	*******	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>×</u> _
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .	12a		_x_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>×</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		_x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_×_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #E!/Yespi'16 proplete Schedule I, Parts I and II	21	×	<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			- \$\frac{1}{2}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	23

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
_	Fater the number of employees reported as Form M/2. Transmittel of Maga and Tay	5.80 00	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17							
b								
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year? .							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
b								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<u>×</u>				
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130						
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×					
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-				
_	gifts were not tax deductible?	6b		×				
7	Organizations that may receive deductible contributions under section 170(c).	25%	3 1 1/20					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
_	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	الاد ن	15001				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	2.					
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	で表現					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter.	222	1 25					
a	Initiation fees and capital contributions included on Part VIII, line 12 . 10a		CV XV					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		\$ 5 E					
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders		228					
b	Gross income from other sources (Do not net amounts due or paid to other sources	1888						
120	against amounts due or received from them.)	12a	كنت					
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	333	(970)Si	88-44I				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	V-V - W/V					
	Note. See the instructions for additional information the organization must report on Schedule O.	1000	\$ \	\$ 3 44				
b	Enter the amount of reserves the organization is required to maintain by the states in which		*					
	the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand		公司					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>×</u>				
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	×					
	If "Yes," see instructions and file Form 4720, Schedule N	15						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	4.3.54.3.8%	×				
	If "Yes," complete Form 4720, Schedule O	100						
		Forn	n 990	(2018)				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response or note to any line in this Part VI	iee ins		
Secti	on A. Governing Body and Management			
		V 1590ath	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 20		多類	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		1	3
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 20		36	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			8
-	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10	. ` .	X
0	the year by the following			1.75
а	The governing body?	8a	×	-
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		$\overline{}$
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	102		 ^
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		}
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u>>%</u>		<u>: 公認</u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		×
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		×
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	<u>×</u>	
15	Did the process for determining compensation of the following persons include a review and approval by	3		2.73
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1888
а	The organization's CEO, Executive Director, or top management official	15a	**************************************	X
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	0.		
16a			\$X3.3	
	with a taxable entity during the year?	16a	ž	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	33 00	
Secti	organization's exempt status with respect to such arrangements?	100		L
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,	•	\-/
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest _l	oolicy	, and
	financial statements available to the public during the tax year		_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re		▶	
	THE ASSOCIATION, 975 F STREET NW SUITE 375, WASHINGTON, DC 20001 (202)393-	6672		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

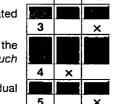
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any	onicer and a director tracted						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) IRWIN ROBINSON	0.10									
CHAIRMAN	0.00	×		×				1,600.	0.	0.
(2) RALPH PEER II	0.10									, ,,,,,,,,
VICE PRESIDENT	0.00	×		×				1,600.	0.	0.
(3) LEEDS LEVY	0.10									
SECRETARY	0.00	×		×				1,600.	0.	0.
(4) SCOTT CUTLER BOARD MEMBER	0.10	×						0.	0.	0.
(5) CARIANNE MARSHALL	0.10				-			Ü.	0.	<u> </u>
BOARD MEMBER	0.00	×						400.	0.	0.
(6) CAROLINE BIENSTOCK	0.10	×						1 000		
BOARD MEMBER	0.00	<u> </u>					<u> </u>	1,200.	0.	0.
(7) JODY GERSON BOARD MEMBER	0.10	×						800.	0.	0.
(8) NEIL GILLIS BOARD MEMBER	0.10	×						1,200.	0.	0.
(9) LAURENT HUBERT BOARD MEMBER	0.10	×						800.	0.	0.
(10) JUSTIN KALIFOWITZ	0.10									
BOARD MEMBER	0.00	×						1,200.	0.	0.
(11) KEITH HAUPRICH	0.10	×						1 000		
BOARD MEMBER	0.00						<u> </u>	1,200.	_ 0.	0.
(12) LIZ ROSE BOARD MEMBER	0.10	×						0.	0.	0.
(13) GOLNAR KHOSROWSHAHI	0.10									
BOARD MEMBER	0.00	×						1,600.	0.	0.
(14) JODY KLEIN	0.10	×								
BOARD MEMBER	0.00		1	L		L		1,200.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
		(C)								
(A)	(B)	Position			_			(D)	(E)	(F)
Name and title	Average	•	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week (list any		er and		rect	or/trust	. <i>-</i>	compensation	compensation from related	amount of other
	hours for related organizations below dotted line)	1 × 20	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) CHIP MCLEAN	0.10									
BOARD MEMBER	0.00	×	<u></u>					1,200.	0.	0.
(16) KENNY MACPHERSON	0.10									
BOARD MEMBER	0.00	×						800.	0.	0.
(17) JON PLATT	0.10									
BOARD MEMBER	0.00	×						800.	0.	0.
(18) MIKE MOLINAR	0.10	×								
BOARD MEMBER	0.00							0.	0.	0.
(19) JAKE WISELY BOARD MEMBER	0.10	×						1,600.	0.	0.
(20) ROSS GOLAN	0.10							1,600.	0.	<u>U.</u>
BOARD MEMBER	0.00	×						400.	0.	0.
(21) DAVID ISRAELITE	39.00							400.	0.	<u></u>
PRESIDENT & CEO	1.00			×				1,800,000.	0.1	135,452.
(22) DANIELLE AGUIRRE	39.00							2,000,000		133,1321
EVP & GENERAL COUNSEL	1.00				×			576,000.	0.	31,306.
(23) JONATHAN COHEN	40.00									·
VP & SENIOR COUNSEL	0.00					×		256,750.	0.	38,023.
(24) ERICH CAREY	40.00									
VP & SENIOR COUNSEL	0.00					×		240,000.	0.	38,183.
(25) CHARLOTTE SELLMYER	39.00									
SVP, EXTERNAL AFFAIRS	1.00					×		218,420.	0.	29,286.
1b Sub-total	•						•	3,110,370.	0.	272 <u>,</u> 250.
c Total from continuation sheets to Part VII, Section A ► 417,300. 0. 45,522.										
d Total (add lines 1b and 1c)				•			<u> </u>	3,527,670.	0.	317,772.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 7



Yes No

- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOEB & LOEB LLP, 345 PARK AVENUE, NEW YORK, NY 10154	LEGAL	658,846.
COVINGTON & BURLING LLP, 850 10TH STREET NW, WASHINGTON, DC 20001	LEGAL	499,352.
PRYOR CASHMAN LLP, 7 TIMES SQUARE, NEW YORK, NY 10036	LEGAL	368,287.
MITCHELL SILBERBERG & KNUPP LLP, 11377 WEST OLYMPIC BLVD, LOS ANGELES, CA 90064	LEGAL	210,187.
ALSTON & BIRD LLP, 1201 W PEACHTREE STREET, ATLANTA, GA 30309	LEGAL	197,239.
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ▶	those listed above) who	

`	90 (201								Page 9
Part	VIII	Statement of Reve					n Dowt VIII		
		Check if Schedule O	contains a	es	ponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts its	1a	Federated campaigns		1a			340000	20.00	
ira u	b	Membership dues	_	1b					
S, G	С	Fundraising events	. '	1c				1220	
ar /	d	Related organizations	; .	1d	·		100	4.5	
s, (е	Government grants (con	tributions)	1e	,				
tion sr Si	f	All other contributions, gi							100
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not incl	luded above	1f					
d tr	g	Noncash contributions includ	ed in lines 1a–1	f\$					
	h	Total. Add lines 1a-1	f		<u> ▶</u>		PER 1 15 15 15 15 15 15 15 15 15 15 15 15 1	352	
Program Service Revenue			Business Code	1	3	2.0			
eve	2a	b ROYALTY LATE FEE PROGRAM		900099	11,035,981.	11,035,981.	0.	0.	
e E	ь			MA	900099	768,368.	768,368.	0.	0.
Š	C.	ANTI-PIRACY PRO			900099	93,750.	93,750.	0.	0.
Š	d	SONGWRITER FREED		СТ	900099	25,000.	25,000.	0.	0.
ran	e	LITIGATION SET			900099	954,109.	954,109.	0.	0.
rog	f	All other program services 2a-2i		!	. •	25,600. 12,902,808.	25,600.	0.	0.
	g	Investment income		lıvıdı		12,902,808.	\$1460/10/40/40/60/60	38.00 (S. 10.00	CONTRACTOR PUBLICATION
	•	and other similar amo	. •	iivia	ends, interest,	194,667.	0.	0.	194,667.
	4 Income from investment of tax-exempt bo				and proceeds	194,007.	0.	0.	194,007.
	5	Royalties	t or tax oxom	,	▶				
			(ı) Real		(II) Personal	1 2 2 2			
	ба	Gross rents					approximation and a state of the state of th		
	b	Less. rental expenses							
	С	Rental income or (loss)	****				Million in million with a second		
	d	Net rental income or (loss) .		▶				
	7a	Gross amount from sales of	(i) Securities	S	(II) Other				
		assets other than inventory	-			nnonninnin ann an t-			
	b	Less, cost or other hasis				humini di di	and the first control of		and markets and the second
		and sales expenses					4.00	12017	1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
	С	Gain or (loss) .					349		
	d	Net gain or (loss) .			· •	CALCY IN AN ANY COMPONING THE	SEACE ALL ALICENSES	120701000000000000000000000000000000000	ZAZ SNAHWANINA A AMMININANA MAM
enne	8a	Gross income from fu	indraising		_	Tradition of the second of the		and an animal and an	
ě		of contributions reporte	ed on line 1c)	- `		3 16	58377 5		100
Other Reven				а		4.4	Mag.		3
럁	b	Less: direct expenses	:	b				100	
0	c	Net income or (loss) fi		ina	events >			***************************************	772-233
		Gross income from ga		_			200		
	b	Less: direct expenses	}	b					
	С	Net income or (loss) fr	rom gaming	actı	vities . ▶				
	10a	Gross sales of in	ventory, le	SS		ing i Kari		79.1	7.47.88 5.5
		returns and allowance	es	а		nii da siinii maariya aha sa ca	700200000000000000		
	b	Less: cost of goods s	old	b				30.001.00	
1	С	Net income or (loss) fi	rom sales of	inve	entory 🕨				
		Miscellaneous R	evenue		Business Code				
	11a								
	b				ļ				<u> </u>
	С								
	d	All other revenue .					PERSONAL PROPERTY AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASS	1536, 2014 1400 0000 0000	NAME AND ADDRESS OF THE PARTY O
	e	Total. Add lines 11a-				13 007 475	12 002 000	activities of Con-	
	7.,	POTOL POVODILA SOOT	TEST POT INTO PO		_	111 007 475		. ^	1 1114 667

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must comp	lete all columns. All other o	rganizations must comple	te column (A).

	Check if Schedule O contains a respon	ise or note to any li	ne in this Part IX		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			3.5	
	and domestic governments. See Part IV, line 21	224,488.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				3 2 2
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees .	2,746,293.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .	1,696,680.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	103,081.			
9	Other employee benefits	150,483.			
10	Payroll taxes	155,603.			
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,370,031.			
c C	Accounting				
d	Lobbying	· · · · · · · · · · · · · · · · · ·			
e f	Investment management fees .		4. A. S.	7. C. 1. C.	
g	Other (If line 11g amount exceeds 10% of line 25, column				
•	(A) amount, list line 11g expenses on Schedule O.)	427,049.			
12	Advertising and promotion .	48,285.			
13	Office expenses .	47,698.			
14	Information technology .	33,570.			
15	Royalties				
16	Occupancy	399,513.			
17	Travel	295,473.	- .		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	337,769.		··	<u> </u>
20	Interest	46,108.			
21	Payments to affiliates	10,200.			
22	Depreciation, depletion, and amortization .	30,250.			
23	Insurance	90,996.		-	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)		*		
а	TAXES	355,936.			
b	DUES & SUBSCRIPTIONS	245,070.		***	
C	ROYALTY LATE FEE PROGRAM	192,331.	<u> </u>		
d	EQUIPMENT RENTAL	17,713.			
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	25,136. 9,039,556.		-	
26	Joint costs. Complete this line only if the	7,037,336.		-	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 530,558 1 510,790. Cash-non-interest-bearing 12,529,817. 2 Savings and temporary cash investments . 2 19,151,267. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net . 314,941 1,663,581. Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. **Assets** Notes and loans receivable, net 7 Inventories for sale or use . . 8 153,613 9 232,087. Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 265,475 240,468. 41,719. Less accumulated depreciation 10b 10c 25,007. b 11 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 Investments—program-related, See Part IV, line 11. 13 13 21,412. 7,874 14 14 Intangible assets 75,000. Other assets. See Part IV, line 11 15 15 13,592,060. 21,665,606. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 676,746. 17 1,053,521. 18 Grants payable 18 3,379,256. 19 Deferred revenue 19 6,989,556. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 94,944. 123,496. 4,150,946. 8,166,573. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 9,441,114. 13,499,033. 27 28 28 Temporarily restricted net assets . . . 29 29 Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 9,441,114. 33 13,499,033. 33 Total net assets or fund balances . . . 13,592,060. 21,665,606. 34 Total liabilities and net assets/fund balances .

Form 990 (2018)

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Page	-1	2

1.11	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,097	7,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,039	,556.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,057	,919.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,441	.,114.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
3	Prior period adjustments	8		
•	Other changes in net assets or fund balances (explain in Schedule O)	9		
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	13,499	0,033.
art	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	_ ,
			Y	es No
1	Accounting method used to prepare the Form 990. 🗌 Cash 🗵 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın		
	Schedule O.			3
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or		
			LNX	
	reviewed on a separate basis, consolidated basis, or both			9 6
	reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
b	·	•		×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	•	2b	×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	•	2b	×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	•	2b	×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for one	ed on a versight	2b	×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	ed on a versight	2b	×
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for one	ed on a versight intant?	2b	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ox of the audit, review, or compilation of its financial statements and selection of an independent accounts.	ed on a versight intant?	2b	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ox of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set	ed on a versight intant? iplain in	2b 2c 2c	
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ox of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	ed on a versight intant? iplain in	2b 2c 2c	
c 3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ox of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set	ed on a versight intant? plain in forth in	2b 2c 3a	×

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	organization answered "Ye: see separate instructions), t	s," on Form 990, Part IV, line 5 (Pro) then	ky rax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Prox)
	ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer ider	ntification number
NAT		HERS ASSOCIATION, INC.		13-10786	
Part	I-A Complete if th	e organization is exempt und	der section 501(c) or is a section 527 of	organization.
1 [*] 2	definition of "political car	f the organization's direct and impaign activities") ty expenditures (see instructions)	ndirect political ca	ampaign activities in Part	V. (see instructions fo
3	· •	cal campaign activities (see instru	ictions) .		
Part		e organization is exempt und		c)(3).	
1 2 3 4a b Part 1 2 3 4 5	Enter the amount of any Enter the amount of any If the organization incurr Was a correction made? If "Yes," describe in Part I-C Complete if th Enter the amount direct activities Enter the amount of the 527 exempt function act Total exempt function ine 17b . Did the filing organization Enter the names, addres organization made paym the amount of political of	excise tax incurred by the organization excise tax incurred by organization ed a section 4955 tax, did it file Formation is exempt unelly expended by the filing organization's funds control efiling organization's funds control.	zation under section managers under orm 4720 for this year and the section 501(station for section sec	c), except section 501 527 exempt function ganizations for section on Form 1120-POL, ection 527 political organic paid from the filing organic delivered to a separate paragraph of the section and separate paragraphs.	Yes No Yes No Yes No Yes No (c)(3). Yes No zations to which the filing ization's funds. Also ente political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				1	

D	2
Pane	_

Pa	irt II-A	Complete if the organiza section 501(h)).	tion is exempt ι	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
Α	Check ▶					liated group memb	er's name,
_		address, EIN, expenses, a		·			
<u>B</u>	Check ▶	If the filing organization ch			rovisions apply	 	
		Limits on Li (The term "expenditures)	obbying Expendit		,	(a) Filing organization's totals	(b) Affiliated group totals
_	la Total I			•	<u> </u>	organization o totalo	9.000 101010
		obbying expenditures to influe obbying expenditures to influe			-		
		obbying expenditures to milities obbying expenditures (add line	•	dy (direct lobbying	y)		*
		exempt purpose expenditures	•				
		exempt purpose expenditures (d)			
		ring nontaxable amount. Ent		•	table in both		
	colum	•	er the amount h		g tubic iii botii		
	If the a	mount on line 1e, column (a) or (b) is: The lobbying	nontaxable amoun	t is:		
	· · · · · · · · · · · · · · · · · · ·	er \$500,000		nount on line 1e			3.4
		500,000 but not over \$1,000,000		15% of the excess	over \$500,000		
	-	1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$	1,500,000 but not over \$17,000,000		5% of the excess o			
	Over \$	17,000,000	\$1,000,000				
	g Grass	roots nontaxable amount (ente	r 25% of line 1f)				
	h Subtra	act line 1g from line 1a. If zero o	or less, enter -0-				
	i Subtra	act line 1f from line 1c If zero o	r less, enter -0-		•		
	j If the	re is an amount other than ze	ero on either line	1h or line 1i, did	the organization	file Form 4720	
	report	ing section 4911 tax for this ye	ear? .				Yes No
	(Son	ne organizations that made a See	the separate insti	ection do not hav ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		LODDy	ring Expenditures	During 4-Year A	veraging Period	1	
	Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
- 2	2a Lobby	ring nontaxable amount					
	•	ring ceiling amount 5 of line 2a, column (e))	ger and a strip to the natural profits	յլ	10.00		
	c Total	obbying expenditures					
	d Grass	roots nontaxable amount					
		roots ceiling amount of line 2d, column (e))			31.49f		
	f Grass	roots lobbying expenditures					
				DCV 14/14/19 DDC		Schedule C (Form	n 990 or 990-EZ) 2018

Sched	ule C (Form 990 or 990-EZ) 2018				F	Page 🕻
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	า 5768		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
a	Volunteers?					
C	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					<u>or</u>
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i		760			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					1000
b	If "Yes," enter the amount of any tax incurred under section 4912	公约	7. 2.40°			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	125%				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			13/3/8		XX.;
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3	×	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line (3, is
1	Dues, assessments and similar amounts from members		1	11,0	35,9	81.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a	4	65,7	84.
b	Carryover from last year		2b		<u>-1,2</u>	253.
С	Total		2c	4	64,5	31.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	1,1	.03,5	98.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-	20 C	67
	t IV Supplemental Information	•		0	39,0	007.
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groes instructions), and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t), Pa	t II-A, I	ines 1	and
			., ra	······	es 1	

ι.,

Part IV	Supplemental Information (continued)	
•••••		
<u>~</u>	_ £ b _ £	==
	······································	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

Name o	f the organization		Employer identification number
NAT	ONAL MUSIC PUBLISHERS ASSOCIATION		13-1078660
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		<u> </u>
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea	- · · · · · · · · · · · · · · · · · · ·	f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space	Freservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	cia a qualifica conscivation contributio	Held at the End of the Tax Year
_	Total number of conservation easements		. 2a
a			2b
b	Total acreage restricted by conservation easemen Number of conservation easements on a certified		2c
C	Number of conservation easements included in		
d	historic structure listed in the National Register .	, , ,	. 2d
3	Number of conservation easements modified, tran		
•	tax year ►	sicirca, released, extinguished, or ten	minated by the organization during the
4	Number of states where property subject to conse	envation easement is located	
5	Does the organization have a written policy re		enection handling of
·	violations, and enforcement of the conservation ea		· · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitoring, inspe		۱۱۰ یا ۱۰۰ یا
·	Land volunteer riours devoted to morntoning, inspe	cting, nariding of violations, and emoroni	g conservation casements during the year
7	Amount of expenses incurred in monitoring, inspectii	ng handling of violations, and enforcing	conservation easements during the year
•	► \$	ng, tranding of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem	· ·	idioidi didiomonia mai desembes me
Parl	III Organizations Maintaining Collection		Other Similar Assets
T CIT	Complete if the organization answered		
	If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
b	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide the following amounts relati		
		=	L C
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	(ii) Assets included in Form 990, Part X	historical treasures, or other similar	r assets for financial gain, provide the
2	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·	9
_		•	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X	<u> </u>	

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Page	_

Par	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, ched	k any of th	e follow	ing that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je progr	ams	
b	☐ Scholarly research							
C	c Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization							lar
	assets to be sold to raise funds rather		ined as I	part of th	e organızatı	on's co	llection?	☐ Yes ☐ No
Pari	IV Escrow and Custodial Arra							
	Complete if the organization	answered "Yes'	' on For	m 990, I	Part IV, line	e 9, or i	reported an a	mount on Form
	990, Part X, line 21.	4 4 4 -						
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intern	nediary to	or contribut	ions or	other assets r	
	·				abla			∐ Yes ∐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the to	llowing t	able.			Amount
С	Beginning balance					1c	-	anount
d	Additions during the year					1d		
e	Distributions during the year		•			1e		
f	Ending balance					1f		
2a	Did the organization include an amour				scrow or cu		account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa							
Par								
	Complete if the organization							
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
_	programs							
f	Administrative expenses	-			<u> </u>			
g	End of year balance			_ 0 4 -		<u> </u>		
2	Provide the estimated percentage of the Board designated or quasi-endowment	-	o balanc	e (iine iç	, column (a)) neid a	ıs ₋	
a b	Permanent endowment		70					
c	Temporarily restricted endowment ▶							
_	The percentages on lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			zation th	at are held	and adr	ministered for t	he
	organization by.							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations			•				3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses		n's endo	wment to	unds.			
Pari	Land, Buildings, and Equip Complete if the organization		on For	000 1	Dort IV line	- 11 - (Dart V. Ivaa 10
	Description of property	(a) Cost or oti			or other basis		Accumulated	
	Description of property	(a) Cost of oth			other)		preciation	(d) Book value
	Land	- - 	0.	<u>`</u>				0.
b	Buildings							
C	Leasehold improvements .				87,356.		78,566.	8,790.
d	Equipment				78,119.		161,902.	16,217.
e	Other						,	
Total.	Add lines 1a through 1e. (Column (d) m	oust equal Form 99	90, Part)	K, columr	n (B), line 10)c.)	•	25,007.

Schedule D (For	rm 990) 2018		,	Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Fo		ne 11b. See Forn	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives			•
(2) Closely-h	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				<u></u>
(E)				
(F)				
(G)				
(H)				
Total. (Column (L	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation I-of-year market value
(1)	,			-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (L	b) must equal Form 990, Part X, col. (B) line 13.) ▶			4 2 3 3
Part IX	Other Assets.	4		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, II	ne 11d. See Forn	
	(a) Description		-	(b) Book value
(1)				
(2)				
(3)				
(4)	<u></u>			
(5)				
(6)				
_(7)			<u>, </u>	
(8)				
(9)	4)			
	mn (b) must equal Form 990, Part X, col. (B) line 15)	· · · · · ·	<u>.</u>	
Part X	Other Liabilities.	000 D-+ IV I	44 446 0-	- F 000 D- + V

line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED LEASE AMORTIZATION	48,496.	
(3) DEFERRED COMPENSATION LIABILITY	75,000.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	123,496.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

	•		
Schedul	D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		***
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	<u> 228</u>
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
_	Add lines 2a through 2d	•	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 S.H
b	Other (Describe in Part XIII.)	4b	<u> </u>
С 5	Add lines 4a and 4b		4c 5
	Supplemental Information.	6 10)] 3
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4 Part IV lines 1h and 2	h: Part V line 4 Part X line
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		
_, ,		to provide any additional in	

Pt X	Line 2: MANAGEMENT ANNUALLY REVIEWS ITS TAX POSI	TIONS AND HAS DET	ERMINED
			••••••
THAT	THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THA	T REQUIRE RECOGNIT	TION ON
			•••••••
THE I	'INANCIAL STATEMENTS.		

			•••••••••••••••••••••••••••••••••••••••

Schedule D (For	rm 990) 2018	Page 5
Part YIII	Supplemental Information (continued)	
I al CAIII	Supplemental information (continued)	
••••		
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	· ·	
		•

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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1545	•
g	(
OMB	(

Open to Publid Inspection

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 13-1078660

INC.	sistance
٠.	and As
L MUSIC PUBLISHERS ASSOCIATION	Information on Grants
MUSIC	eneral I
NATIONAL	Part 6

% □ X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization (b) EN	Fart IV, line 21, for any recipient that received	y recipient that	received more th	ian \$5,000. Part I	I can be duplica	ited if additional	more than \$5,000. Part II can be duplicated if additional space is needed.	
WEST STATE NALL, OF RAME ASSISTANCE SOLICO (3) SO	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MATERICARES FOUNDATION	(1) SONGWRITERS HALL OF FAME 330 WEST 58TH ST SANTA MONICA CA 90404			. 000 , 86	0.			EVENT SPONSORSHIP
DEST DUARTE RD DUARTE CA 91010 95-3435919 501(C) (3) 25,000 0 0 0 0 0 0 0 0 0	(2) MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA CA 90404			32,500.	0.			EVENT SPONSORSHIP
STREET IN STRE	(3) CITY OF HOPE 1500 EAST DUARTE RD DUARTE CA 91010			25,000.	0.			EVENT SPONSORSHIP
March Marc	(4) NMPA SONGS FOUNDATION 975 P STREET NW, STE 375 WASHINGTON DC 20004			20,000.	4,103.	FMV	WATER BOTTLES	EVENT SPONSORSHIP
SPECIAL OLYMPICS DC SEQUED STATES SECOND	(5) LATIN SONGWRITERS HALL OF FAME 2 SOUTH BISCAYNE BLVD MIAMI FL 33131		l 1	15,000.	0.			EVENT SPONSORSHIP
### SATURANCE OF WALTON COUNTY OCTUME SANTA ROSA BEACH FL. 12459 COCTONA BATOL LANE SANTA ROSA BEACH FL. 12459 COCTONA BATOL LANE SANTA ROSA BEACH FL. 12459 COCTONA BATOL LANE SANTA ROSA BEACH FL. 12459 COCTONA BATOL ROSA BEACH FL. 12459 COCTON BATOL ROSA BEACH FL. 12459 COC	(6) SPECIAL OLYMPICS DC 900 SECNO ST NB STB 375 WASHINGTON DC 20002			.005,01	0.			EVENT SPONSORSHIP
Enter total number of section 501(c)(3) and government	(7) CULTURAL ARTS ALLIANCE OF WALTON COUNTY 105 HOSTOWN BAYOU LAME SANTA ROSA BEACH FL 32459			.000,7	0.			EVENT SPONSORSHIP
Enter total number of section 501(c)(3) and government	(8)							
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir	(6)							
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lir	(10)							
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin	(11)							
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin								
		1 501(c)(3) and gor	vernment organiza	tions listed in the li	ne 1 table .			7

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

REV 11/06/18 PRO

Schedule I (Form 990) (2018)

Page 2

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Pt I Line 2: ALL CONTRIBUTIONS WERE UNRESTRICTED IN NATURE; AS A RESULT, NMPA DID NOT MONITOR USE OF FUNDS (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant REV 11/06/18 PRO (b) Number of recipients (a) Type of grant or assistance Part IV Part III BAA S 9 N က 4

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC.

Employer identification number 13-1078660

Pain	Questions Regarding Compensation			
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	(388.49)	Yes	No
ıa	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			723
	explain	1b	0.13	X5XeXeI
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			XX (*	633
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			13.X
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			1000
	Compensation committee		18 S	1238
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee		200	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a	D-33-36	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	·	×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	189		
			1	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
_		50		8 3
a b	The organization?	5a 5b		
b	If "Yes" on line 5a or 5b, describe in Part III.	30	16.67	3.39.39
	Tes of the out of ob, describe in tartific			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of	7		
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.		No.	
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	1		
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	praese.	දාහනය
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sum of columns (b)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line	or eac	n listed individual mu	ed Individual must equal the total amount of Form 99	ount of Form 990, Pa	r VII, Section A, line	a, applicable columi	la, applicable column (D) and (E) amounts for that individual.	s tor that individual.
		(b) Dreakdowii o	1 VV-2 AITU/OF 1099-IVIIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive corrpensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
DAVID ISRAELITE	€	1,500,000.		0.	102,500.	32,952.	1,935,452.	0.
1 PRESIDENT & CEO	(E)	0.		0.	0.	0.	0.	0.
DANIELLE AGUIRRE	8	530,000.	46,000.		24,750.	6,556.	.906,709	.0
2 EVP & GENERAL COUNSEL	_	.0		. 0	0.	0.	0.	0.
JONATHAN COHEN		233,750.	23,000.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,377.	29,646.	294,773.	.0
3 VP & SENIOR COUNSEL	€	0	0	0.	0.	0.	0.	0.
ERICH CAREY	8	218,500.	21,500.	· 0	16,800.	21,383.	278,183.	.0
4 VP & SENIOR COUNSEL	(E)	0.		0.	0.	0.	0.	.0
CHARLOTTE SELLMYER	(3)	198,850.	19,	0.	15,289.	13,997.	247,706.	0.
5 SVP, EXTERNAL AFFAIRS	Ξ			0.	.0	.0	.0	0.
AMELIA WANG	€	195,500.	19,100.	0	14,486.	12,494.	241,580.	.0
6 VP, GOV'T AFFAIRS	€	0.		0.	0.	0.	'	0.
SHANNON SORENSON	()	184,500.	18,200.	0	6,081.	12,461.	221,242.	
7 VP, LEGAL & BUSINESS AFFAIRS				0.				.0
	8							
8	€							
	€							
6	(ii)				_			
	Ξ							i i
10	€						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	8							
	(<u>ii</u>)							
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12	Ξ							
	Ξ		1			1		
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	€					1		
14	€							
	Ξ							
15	Ξ							
	E		1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16	€							
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC.	13-1078660
Pt VI, Line 6: NMPA SHALL HAVE TWO CLASSES OF VOTING MEMBERS: EXE	CUTIVE MEMBERS
AND GENERAL MEMBERS. A MEMBER SHALL BE AN EXECUTIVE MEMBER IF ITS	GROSS REVENUE
IS EQUAL TO OR IN EXCESS OF ONE HUNDRED MILLION DOLLARS IN THE PR	IOR CALENDAR
YEAR. A MEMBER SHALL BE A GENERAL MEMBER IF ITS GROSS REVENUE IS	LESS THAN ONE
HUNDRED MILLION DOLLARS IN THE PRIOR CALENDAR YEAR.	
Pt VI, Line 7a: EACH EXECUTIVE MEMBER SHALL BE ENTITLED TO APPOIN	T ONE DIRECTOR
TO THE BOARD, BY PROVIDING WRITTEN NOTICE TO THE CHAIRMAN OF THE	BOARD AND THE
PRESIDENT OF THE NMPA. THE INDIVIDUALS NOMINATED BY THE EXECUTIVE	MEMBERS AND
THE OTHER INDIVIDUALS RECEIVING A PLURALITY OF THE VOTES CAST BY	THE MEMBERS
ENTITLED TO VOTE SHALL BE DIRECTORS.	
Pt VI, Line 7b: EACH EXECUTIVE AND GENERAL MEMBER SHALL BE ENTITL	ED TO ONE VOTE
FOR EACH ONE-HUNDRED THOUSAND DOLLARS OF GROSS REVENUE OF SUCH ME	MBER (INCLUDING
ITS AFFILIATES) WITH RESPECT TO ANY MATTER TO BE VOTED ON BY MEMB	ERS; PROVIDED
THAT (I) EACH MEMBER SHALL HAVE AT LEAST ONE VOTE, AND (II) WITH	RESPECT TO A
PARTICULAR CALENDAR YEAR, EACH EXECUTIVE MEMBER SHALL HAVE NO MOR	E VOTES THAN
THE NUMBER OF VOTES HELD BY THE GENERAL MEMBER WITH THE GREATEST	NUMBER OF VOTES
FOR SUCH YEAR.	
Pt VI, Line 11b: THE FORM 990 WILL BE PREPARED AND REVIEWED BY TH	E ORGANIZATION'S
OUTSOURCED ACCOUNTANTS. THE ORGANIZATION'S DIRECTOR OF FINANCE AN	D CEO WILL ALSO
REVIEW THE 990. A COPY OF THE 990 WILL BE PROVIDED TO THE BOARD F	OR REVIEW.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

NATIONAL MUSIC PUBLISHERS ASSOCIATION, INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

13-1078660

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

512(b)(13) colled rty? (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II € (2) 2 ල 9 Ξ

	of 1512 of 1512 of 1513								
	(g) Section 512 controll entity	Yes							· -
	(f) Direct controlling S entity		NMPA, INC.						
	(e) Public charity status (if section 501(c)(3))								
	(d) Exempt Code section		527						
	(c) Legal domicile (state or foreign country)		DC						
izations during the tax year.	(b) Primary activity		POLITICAL ACTION COMMITTEE DC	-					
One of Hiore refaced tax-exempt of gamzations da	(a) Name, address, and EIN of related organization		(1) NATIONAL MUSIC PUBLISHERS ASSN PAC 81-0717027 975 F ST NW STE 375 WASHINGTON DC 20004	(2)	(6)	(4)	(9)	(9)	(1)

å

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Schedule R (Form 990) 2018

Part III	Identification of F	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	itions Taxable	e as a Partners treated as a pa	ship. Com	plete if the during the t	organization tax year.	answere	"Yes"	on Form 990,	, Part IV, II	ne 34,	,
Мате, геk	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomnant income (related, unrelated, excluded from tax under sections 512—514)	nant Sha slated, " ed, " from der 2-514)		(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	() General or 20 managing	-	(k) Percentage ownership
									Yes No	lo	Yes	No	
(£)													
(2)											-		
(3)													
(4)													
(5)											_		
(9)													
(2)											 -	<u> </u>	
Part IV	Identification of I	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	related organ	axable as a Corporation or Trust. Complete if the organization a organization a trust during the tax year.	ation or Tr	rust. Comp	lete if the org trust during t	janizatior he tax ye	answe ar.	red "Yes" on I	on Form 990, Part IV,	Part IV	ļ.,
Name	(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership	(I) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
				-								Yes	2
(1)													
(2)				-									
(3)													
(4)								-					
(2)				-			,						
(9)													
(2)													
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Page 3

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018

Part V Transacti

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	schedule	•				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ollowing transactions with one or	more related organ	izations listed in Part	ts II–IV?	420	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	m a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)					1 P	×
c Gift, grant, or capital contribution from related organization(s)					1	×
d Loans or loan guarantees to or for related organization(s)					P	×
f cans or loan all arantees by related organization(s)					4	×
					2	
* Dividende from related oxidente(e)					÷	<u> </u>
					= ,	\
					- D	×
h Purchase of assets from related organization(s)			•		ŧ	<u>×</u>
i Exchange of assets with related organization(s)			•		Ţ.	×
i lease of facilities equipment or other assets to related organization(s)	zation(s)				÷	
	(5)	•				
	<u> </u>					
K Lease of facilities, equipment, or other assets from related organization(s)	anization(s)	•			¥	×
 Performance of services or membership or fundraising solicitations for related organization(s) 	tions for related organization(s) .				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	tions by related organization(s) .				Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ith related organization(s)				÷	×
		•			9	×
		•	•	•		
Beimblirsement paid to related organization(s) for expenses					-	×
ביייים מייים ביייים בייים ביים בייים		•				;
d Keimbursement paid by related organization(s) for expenses :		•			b.	X South
 contraction of the contraction of the		-			+	×
s Other transfer of cash or property from related organization(s)		•			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must	for information on who must con	nplete this line, incl	complete this line, including covered relationships and transaction thresholds.	nships and transact	tion three	sholds.
		4	3	1	=	
Name of related organization		Transaction type (a – s)	Amount involved	Method of determining amount involved	ing amount	involved
(t)						
(2)			•			
(3)		i.				
(4)						
(5)						
(9)						
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	INSTRUCTIONS	egarding exclusi	on ior certa	in investment pa	rrnersnips.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportions	(s)	(u) General or	
	,	(state or foreign	income (related,	section	total income	L	allocations?	amount in box 20	managing	ownership
		country)	unrelated, excluded	501(c)(3)					partner	
		~~~	sections 512-514)	Yes No			Yes	_	Ves	
(1)							8		3	į
(2)										
(6)									_	
(4)										
(9)		-								
(9)										
(2)										
(8)										
(6)		⇒ -=								
(10)		4 -							-	
(11)										
(12)		#							_	
(13)	,	#								
(14)										
(15)		-								
(16)		~								
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	Supplemental Information	age
art VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
	Trovide additional information for respenses to questions on contents in the manufacture.	
		••